

PATENT ____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Maher et al.

Appl. No.

09/804,457

Filed

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March 12, 2001

For

ION CHANNEL ASSAY

METHODS

Examiner

J. F. Murphy

Group Art Unit:

1646

1 hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

10/13/04 (Date)

Thomas R. Arno, Reg. No. Thomas R. Arno

TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with one (1) reference.
- (X) A check in the amount of \$180 to cover the above fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Thomas R. Arno

Registration No. 40,490

Attorney of Record

Customer No. 20,995

(619) 235-8550

Docket No.: AUROBIO.026A



INFORMATION DISCLOSURE STATEMENT

Applicant

Maher et al.

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing one reference that is also enclosed.

This Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c)(2) before the mailing date of a final action and before the mailing of a Notice of Allowance. This Statement is accompanied by the fees set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

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10/13/04

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Rv.

Thomas R. Arno

Registration No. 40,490

Attorney of Record

Customer No. 20,995

(619) 235-8550

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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		A	PPLICATION NO. 09/804,457
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U.S. PATENT DOCUMENTS							
EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
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EXAMINER	DATE CONSIDERED

*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.